



Family Planning

Did Contraceptive Use Patterns Change after the Affordable Care Act? A Descriptive Analysis



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A B S T R A C T

Background: The Affordable Care Act (ACA) substantially increased rates of insurance coverage within the first year of implementation, including among women of reproductive age. The ACA also requires that private insurance plans cover contraceptives without any out-of-pocket costs. These provisions may have led more women to start using prescription contraception.

Study Design: We conducted two cross-sectional studies, collecting data from 8,062 women aged 18 to 39 in the fall 2012 and spring 2015. We examined contraceptive use patterns during both time periods. We used logistic regression to determine whether differences between the two time periods were significant, adjusting for the demographic characteristics of respondents.

Results: We observed no changes in contraceptive use patterns among sexually active women. However, use of the pill nearly doubled, from 21% to 40%, among young women aged 18 to 24 who had not had sex in the last month. Many of these women cited benefits of the pill in addition to pregnancy prevention.

Conclusions: It may be that the ACA has yet to affect contraceptive use patterns, and it is possible that it will do so in the future, but the evidence thus far suggests the importance of further research into contraceptive access and sources of care.

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A sizeable literature in the United States suggests that making prescription contraceptives available at no cost leads to increases in contraceptive use (Gariepy, Simon, Patel, Creinin, & Schwartz, Eleanor, 2011; Mulligan, 2015; Peipert, Madden, Allsworth, & Secura, 2012; Postlethwaite, Trussell, Zoolakis, Shabear, & Petitti, 2007; Ricketts, Klingler, & Schwalberg, 2014; Secura et al., 2014; Secura, Allsworth, Madden, Mullersman, & Peipert, 2010). Between 2012 and 2015, the Affordable Care Act (ACA) increased the proportion of women with health insurance, and Medicaid in particular. One provision of the ACA requires most private insurance plans to cover prescription contraceptives and other contraceptive services without any patient out-of-pocket costs, as many Medicaid plans already did (for most methods). This provision came into effect for some privately insured

women in August 2012, but began to affect most women in January 2013, because the ACA provision only affected new or renewed insurance coverage. In turn, the number of women who could obtain prescription contraceptives for \$0 out-of-pocket increased substantially (Bearak, Finer, Jerman, & Kavanaugh, 2016; Becker & Polsky, 2015; Centers for Medicare and Medicaid Services, 2015; Cohen & Martinez, 2015; Finer, Sonfield, & Jones, 2014; Jones & Sonfield, 2016; Sommers, Gunja, Finegold, & Musco, 2015; Sonfield, Tapales, Jones, & Finer, 2015). Thus, now that more women have access to contraception without out-of-pocket costs, it is possible that more women have switched to prescription contraceptives or use contraception more consistently.

An emerging body of literature suggests that the ACA may have had a small impact on contraceptive use patterns. Using claims data from women with employer-sponsored health insurance, Pace, Dusetzina, and Keating (2016) found that discontinuation of birth control pills decreased slightly but significantly among women with private health insurance 1 year after health care reform, although adherence (measured as refills) only improved slightly and only among women using brandname pills. Using claims data from women who obtained coverage

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from 499 employer groups, Carlin, Fertig, and Dowd (2016) found a slight increase in uptake of prescription methods 19 months after the ACA was implemented, although they did find that it significantly increased the probability that a woman would choose a long-term method (e.g., from the pill to the intrauterine device) among those using prescription contraception.

This study contributes to the body of research examining contraceptive use patterns after the implementation of the ACA. We conduct a descriptive analysis of change between Fall 2012 and Spring 2015 (29 months after health care reform), to determine whether women contracepted more effectively after the implementation of the ACA.

Material and Methods

We analyze data from two national surveys of women 18 to 39 years of age. The surveys were developed by the Guttmacher Institute and administered by the online recruitment company GfK in Fall 2012 and Spring 2015. GfK administered both surveys using their KnowledgePanel, and each panel was composed of approximately 50,000 to 55,000 individuals intended to be representative of the U.S. population. GfK obtains informed consent from all individuals, and we obtained expedited approval from the local institutional review board for both surveys. Surveys were available in English and Spanish. Because the surveys were intended to capture women most at risk of unintended pregnancy, they were limited to respondents who had ever had sex with a man, were not pregnant at the time of survey administration, had not had a tubal ligation, and did not have a main male sexual partner who had had a vasectomy.

In November and December of 2012, 11,365 women were asked to fill out the survey; 6,658 answered the four screener items, for a response rate of 59%. Of these, 4,634 were eligible to participate (i.e., were not screened out based on the above items) and completed the full survey. In May and June of 2015, 9,539 women were asked to participate in the study and 5,029 answered the four screener items (53% response rate). Some 3,428 of these women were eligible to participate and completed the survey. Of our combined sample of 8,062 women, we deleted 168 women (2%) owing to nonresponse to relevant individual questions. Our analytic sample includes 7,894 women; 4,524 from the fall (2012) and 3,370 from the spring (2015). All analyses were weighted to adjust for nonresponse.

The two study samples were similar in age, marital status, race/ethnicity, and educational attainment (Table 1). However, the economic circumstances of the samples differed, perhaps owing to improvements in the U.S. economy that occurred over the study period. The proportion of women working full time increased from 39% to 46%, and the proportion of women with incomes above four times the federal poverty threshold increased from 28% to 34%. The samples also differed on two characteristics that were likely unrelated to the economy. In the more recent sample, a significantly higher proportion of women reported that they had never given birth (52% vs 48%) and a lower proportion reported having sex with a man in the last 30 days (77% vs 80%).

The National Survey of Family Growth (NSFG) is generally considered to have the most thorough nationally representative sample for measuring contraceptive use in the United States. However, the most recently available data from the NSFG cover 2011 through 2013. This predates the implementation of the ACA provisions that may have affected contraceptive use. Still, as a check on the representativeness of our sample, we compared the

Table 1
Sample Means with Proportion Tests Comparing Weighted Cross-sections

	Fall 2012	Spring 2015
Age (y)		
18–24	31	28~
25–29	27	26
30–34	23	25
35–39	19	21
Marital status		
Never married	30	32
Separated	4	4
Cohabiting	18	18
Married	47	45
How many babies have you given birth to?		
None	48	52*
One	22	20
Two or more	30	28
Race		
White	59	57
Black	13	14
Hispanic	19	20
Other race	7	7
Mixed race	2	2
Nativity		
Born in the United States	83	86~
Immigrant, non-Hispanic	8	6
Immigrant, Hispanic	9	8
Employed in the last week		
Not employed	38	35~
Part time	23	19*
Full time	39	46***
Education		
High school or less	29	29
Some college	36	35
Bachelor's degree	23	24
Graduate degree	11	13
Poverty status (%FPL)		
0–138	26	22*
138–400	46	44
>400	28	34***
Insurance coverage		
None	21	14***
Public	14	24***
Private	65	62~
Had sex within the past 30 days	80	77*
Observations	4,524	3,370

Abbreviation: FPL, federal poverty level.

*** $p < .001$; ** $p < .01$; * $p < .05$; ~ $p < .10$.

percent of women using condoms, the pill or a long-acting reversible contraceptive (the intrauterine device or an implant) in our 2012 survey to the 2011 through 2013 NSFG. We found nearly identical results in both surveys (data not shown), suggesting that our sample was not unusual in regard to contraceptive use patterns for the time period preceding the implementation of the ACA.

Independent Variables

All respondents were asked if they had used any of six prescription contraceptive methods during the last 30 days (the pill, the patch, the ring, the injectable, the implant, and the intrauterine device) and, if yes, their reasons for using the method (they could indicate multiple reasons including to prevent pregnancy, reduce menstrual pain, help with acne, regulate periods, and treat ovarian cysts). Women who had had sex with a man in the last 30 days were asked if they or their partner had used any of five barrier or coital-dependent methods (withdrawal, condoms, natural family planning, spermicide or some

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